

# LEON COUNTY, FLORIDA TRAVEL REQUEST FORM

Attachment # 1

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Traveler's Name: Jane G. Sauls Traveler's Title: District II County Commissioner

Department Name: BOCC Division Name: Commissioners Offices

Destination: Orlando, FL

Purpose of Trip: FL Association of Counties 2003 Annual Conference

Departure Date: 17-Jun-03 Time: 8:00 a.m.

Return Date: 20-Jun-03 Time: 7:00 p.m.

ITEM	ESTIMATED EXPENSES
Lodging	390
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	6
Lunch \$6	12
Dinner \$12	24
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	
Common Carrier (e.g. Air, Plane, Bus)	\$
Rental Car - rental fee	\$
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	486
Travel miles times \$.29 per mile	140.94
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	30
Vicinity miles times \$.29 per mile	8.7
Registration	225
Miscellaneous Expenses:	
Limousine/Taxi Fares \$	
Public Transportation \$	
Parking \$	
Communications -- (only calls/faxes for county related business may be reimbursed) \$	
Other Miscellaneous Allowed by Policy \$	
<b>TOTAL ESTIMATED EXPENSES</b>	<b>\$806.64</b>

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Account Number(s) to be Charged for Trip:

Account Number:	Amount:
001-102-54000-511	\$806.64

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The

Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Check One:	
					Mail	Pickup

APPROVAL SIGNATURES

Traveler:

*James H. Sauls*

5-20-03

Date:

Supervisor/Division Director:

Date:

Department Director:

Date:

County Administrator:

Date: